



Report of Contributions and Expenditures For Local School Board Candidates and Officeholders

(Utah Code Section 20A-11-1303)

Name of Candidate or Officeholder <i>Laurel Workman</i>			
Street Address and Apartment Number <i>604 N. 500 E.</i>	City <i>Spring City,</i>	State <i>UT</i>	Zip Code <i>84662</i>
Office Seeking <i>Local School Board</i>	District Number <i>1</i>	Area Code & Phone Number <i>435-462-3937</i>	Area Code & Fax Number

Type of Report

(Check the appropriate box)

INTERIM REPORTS:

- Seven days preceding Primary Election
June 19, 2012
- August 31, 2012
(Required by all school board candidates.)
- Seven days before a General Election Oct. 30, 2012
(Required by all candidates)

Yes

Is this report an amendment?

No

YEAR-END REPORT:

- January 10 of each year
(Required by all school board candidates and officeholders who have not filed a statement of dissolution.)

Report Verification

I, *Laurel Workman*
Print Name of Candidate or Officeholder

affirm that this Report of Contributions and Expenditures
is true, accurate and correct to the best of my knowledge.

L Workman *1-2-13*
Signature of Candidate or Officeholder Date

To File this Form

Mail or deliver original copy to
Sanpete County Clerk's Office
160 North Main Room 202
PO Box 100
Manti, Utah 84642

For More Information

Contact the Sanpete County Clerk's Office
(435) 835-2131
sneill@sanpetecounty-ut.gov

For Office Use Only

- Entered _____
- Copied _____

(Signature)

1/8/12

Date Received

LOCAL SCHOOL BOARD

Page	of
Candidate or Officeholder's Last Name	
Date of Report	

Summary Page

(Complete this page after filling out Schedule A and Schedule B)

		Column A Total this Period	Column B Year-to-Date Total
CONTRIBUTIONS RECEIVED			
1	TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)	0	
EXPENDITURES MADE			
2	TOTAL EXPENDITURES MADE (See Schedule B)	0	
BALANCE SUMMARY			
3	Balance at Beginning of Reporting Period	0	 Refer to Line 7 on your last report
4	Total Contributions Received (From Line 1 Column A)	0	
5	Subtotal (Add Lines 3 and 4)	0	
6	Total Expenditures Made (From Line 2 Column A)	0	
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)	0	



STATEMENT OF DISSOLUTION
for a
PERSONAL CAMPAIGN COMMITTEE

CANDIDATE INFORMATION

Name	Office	District Number		
Laurel Workman	School Board	#1		
Street Address	City	State	Zip Code	Phone Number
604 N. 500 E.	Spring City	UT	84662	435-462-3937

PERSONAL CAMPAIGN COMMITTEE SECRETARY

Name of Secretary	Phone Number			
Street Address	City	State	Zip Code	

I, Laurel Workman
(Name of Candidate)

affirm that I have closed my campaign account, dissolved my campaign committee and that I will no longer be receiving contributions or making expenditures for political purposes as a candidate for the above office.

L Workman
Signature of Candidate

1-2-13
Date

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